

08-22-06

AF/1774
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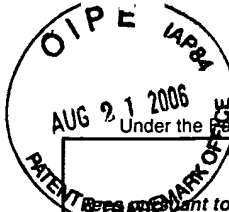
PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		09/715,874			
(to be used for all correspondence after initial filing)		Filing Date		November 17, 2000			
		First Named Inventor		Carl M. Sullivan			
		Art Unit		1774			
		Examiner Name		L. D. Ferguson			
Total Number of Pages in This Submission		11		Attorney Docket Number		16967US01	
ENCLOSURES (check all that apply)							
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Amendment/Reply		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input checked="" type="checkbox"/> Fee Transmittal Form			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Terminal Disclaimer		<input checked="" type="checkbox"/> Amendment and Response under 37 CFR 1.116			
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Request for Refund		<input checked="" type="checkbox"/> Return-Receipt Postcard			
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input type="checkbox"/> Landscape Table on CD					
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name		McAndrews Held & Malloy, Ltd.					
Name (Print/type)		Jennifer E. Lacroix, Esq.		Registration No. (Attorney/Agent)		46,852	
Signature						Date: August 21, 2006	
EXPRESS MAIL DEPOSIT							
"Express Mail" mailing label number : EV 726717101 US							
Date of Deposit August 21, 2006.							



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Effective on 12/08/2004
Applicable to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2006

Complete if Known

Application Number	09/715,874
Filing Date	November 17, 2000
First Named Inventor	Carl M. Sullivan
Examiner Name	L.D. Ferguson
Art Unit	1774
Attorney Docket No.	16967US01

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy, Ltd.

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
		Small Entity	Fee(\$)	Small Entity	Fee(\$)	Small Entity	Fee(\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description

	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee(\$)

_____ -20 or HP _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee(\$)

4 -3 or HP 1 x 200 = 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$)

_____ -100 _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): To cost of adding a new independent claim in an Amendment and Response to the Official Action of June 14, 2006.

200.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,852	Telephone	(312)775-8000
Name (print/type)	Jennifer E. Lacroix	Date	August 21, 2006		